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CHRISTIE, PARKER & HALE, LLP PO BOX 7068 PASADENA, CA 91109-7068				Cel I hereby certify that the States Postal Service to addressed to the Mai transmitted to the USF	tificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi I Stop JASUE FER addres TO (5/1) 273-2885, on the	nsmission ng deposited with the United rrst class mail in an envelope s above, or being facsimile date indicated below.	
. 15\13\5002 MHRN	ELR3 00000042 10045995		•	RoběřtELoro	/ 🐠	(Depositor's name)	
01 FC:2501		.00 OP			Par	(Signature)	
02 FC:1504 03 FC:8001		.00 OP .00 OP		December 8,	2005	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/045,995	10/19/2001	Hans Dehli		ıli	41126/MJM/H362	3109	
TITLE OF INVENTION:	MASSAGING DEVICE FOR	CHAIRS				-	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	12/08/2005	
- · EXA	- EXAMINER ART UT		IT	CLASS-SUBCLASS			
DEMILLE, DANTON D 3764		3764		601-099000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names or agents OR, (2) the name or registered atto 2 registered pa listed, no nam	the names of up to 3 registered patent attorneys tents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is it, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Interactive Health IIC Long Reach California							

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINT	ED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no a recordation as set forth in 37 CFR 3.11. Completion of this form	assignee data will appear on the patent. If an assignee is identified below, the document has been filed for m is NOT a substitute for filing an assignment.
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Interactive Health, LLC	Long Beach, California
Please check the appropriate assignee category or categories (will:	not be printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🚨 Government
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Advance Order - # of Copies10	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1728 (enclose an extra copy of this form).
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.	27.
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Authorized Signature	Date December 8, 2005
Typed or printed name S. Art Hasan	Registration No. 41,057

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